

# F12 0000004159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

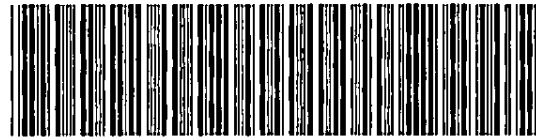
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/21--01014--013 \*\*43.75

FILED  
APR 22 2021  
PM 1:40  
TALLAHASSEE, FL

JUN 1 2021

April 19, 2021

Florida Department of State  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam,

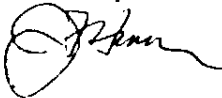
Enclosed is an Application to file an Amendment for a company name change.

The name of the company registered with the Florida Department of State is "Atlas Travel International, Inc." but this was never the company's legal name; it was a DBA of the company. The company's legal name was "E&P Enterprises, Inc. DBA Atlas Travel International." Somehow the DBA was registered when the company applied for authority to conduct business in the state in 2012.

Since then, the legal name of the company has been changed to "Atlas Travel & Technology Group, Inc." as evidenced by the enclosed certificate obtained from the Massachusetts Secretary of State.

Please contact me if you require anything else to correct the name of the company or if you have any questions at all. I can be reached at 508-488-1150 or via e-mail at [john.hannon@atlastravel.com](mailto:john.hannon@atlastravel.com).

Sincerely,



John F. Hannon  
CFO

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Atlas Travel International, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F12000004159

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Hannon

\_\_\_\_\_  
Name of Contact Person

Atlas Travel

\_\_\_\_\_  
Firm/Company

200 Donald Lynch Boulevard, Suite 103

\_\_\_\_\_  
Address

Marlborough, MA 01752

\_\_\_\_\_  
City/State and Zip Code

Billing@atlastravel.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Hannon

at ( 508 ) 488-1150

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F12000004159

(Document number of corporation (if known))

1. Atlas Travel International, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Massachusetts

(Incorporated under laws of)

3. October 10, 2012

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 11, 2013

5. Atlas Travel & Technology Group, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2 PM 1:40  
FILE

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JOHN F. HANNON

(Typed or printed name of person signing)

CFO

(Title of person signing)

FILING FEE \$35.00



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

April 9, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

**E & P ENTERPRISES, INC.**

was incorporated under the General Laws of this Commonwealth on **August 26, 1986.**

I also certify that in Articles of Amendment filed here **March 11, 2013**, the name of said corporation was changed to:

**ATLAS TRAVEL & TECHNOLOGY GROUP, INC.**

I further certify that the following amendments to the Articles of Organization appear of record here, namely:

**Articles of Merger filed: November 29, 2013**

**Articles of Amendment filed: September 20, 2019**

I further certify that no other amendments to the Articles of Organization appear of record here and said corporation still has legal existence.

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

